PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/813,977			ing Date 31/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR				JMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD NO	N/A		N/A	122 (0)	i	N/A	TLE (6)	
┢	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A		
H	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 = *				x \$ =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ł	x s =			x s =		
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	specificates of paper 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY O			OTHER THAN DR SMALL ENTITY		
AMENDMENT	09/17/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ž	Total (37 CFR 1 160))	• 27	Minus	·· 60	= 0	1	X \$25 =	0	OR	x s =		
z	Independent (37 CFR 1.16(h))	• 7	Minus	···15	= 0	1	X \$100 =	0	OR	x s =		
Ž	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus		=]	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR			
Γ									OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEP. 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.